



**State of California
Department of Alcohol and Drug Programs**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information regarding your health care, including drug and alcohol treatment, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), (42 U.S.C. § 1320d et seq., and 45 C.F.R. Parts 160 & 164) and the Drug and Alcohol Treatment Confidentiality Law (42 U.S.C. § 290dd-2, and 42 C.F.R. Part 2). Under these laws, the California Department of Alcohol and Drug Programs (ADP) may not disclose any information identifying you as receiving alcohol or drug (AOD) treatment, or disclose any other protected information, except as permitted by law.

This notice tells you how the ADP protects the confidentiality of your protected health information (PHI). PHI is any individually identifiable information, for example: your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, and dates of treatment. We follow the privacy practices that are described in this notice, but also comply with any stricter requirements under federal or state law that may apply to our administration or oversight of AOD treatment and prevention.

ADP's mission is to reduce alcohol and other drug (AOD) problems in California. Health and Welfare Code section 11755 requires ADP to collect AOD indicator data to improve treatment in California. Treatment data collection is required from all providers licensed for narcotic replacement therapy and all AOD providers receiving ADP funding. ADP collects the following types of data: Client Identification and Demographic Data; Admission Data; Transaction Data; Discharge Data; Alcohol and Drug Use Data; Employment Data; Criminal Justice Data; Medical / Physical Health Data; Mental Health Data; Family / Social Data; File Tracking Items; and Annual Update Data. ADP also certifies AOD counselors, and your treatment records may be reviewed and used in the counselor certification investigations and hearings.

Uses and Disclosures of Your PHI

We may use or disclose your PHI without your prior authorization for purposes of health care treatment, payment of claims, and for other health care operations. Also, we may use your PHI in audits, program evaluations including counselor certification, fraud detection, or for planning and managing the regulatory work of ADP.

We may disclose PHI to third parties, called business associates, that perform services for ADP in the administration or oversight of your treatment. If we disclose PHI, we make sure they protect the privacy of your information that we share with them.

We are also permitted to use and/or disclose your PHI in other limited circumstances. For example, to comply with a valid authorization, to assist in disaster relief efforts, for purposes of health oversight by government agencies and for use in creating summary information that can no longer be traced to you. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses and/or disclosures to a minimum.

We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions); when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with law; and when otherwise required by law. ADP may disclose your PHI without your prior authorization in response to a valid court order under 42 CFR Part 2.

Disclosures ADP Makes With Your Authorization

ADP will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can revoke any authorization by writing to ADP to stop any future use and disclosure.

Your Rights Regarding PHI

A. Right to Request Restrictions. You have the right to ask us to restrict or limit the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request. You may not limit the uses and disclosures that we are legally required or allowed to make. If we do agree, we will comply unless the information is needed to provide emergency treatment. Your request for restrictions must be made in writing and submitted to the Privacy Officer at the address below.

B. Right to Receive Confidential Communications. You may ask us to send papers to you at a different location, or in a special way. You will need to ask us in writing. We will try to grant your request if we feel it is reasonable. For example, you may ask us to send a copy of your PHI to a different address than your home address.

C. Right to Inspect and Copy Your PHI. You may review your PHI and/or ask for copies. Under limited circumstances, we may deny you access to a portion of your records. If you want to access your records, you may contact the Privacy Officer. If you request copies, we will charge you \$.10 per page, plus the actual cost of postage.

D. Right to Amend Your Records. You have the right to request that we amend PHI held by ADP. We will comply with your request unless we believe that the information that would be amended is correct and complete or that other circumstances apply. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You have the right to appeal our decision not to amend your PHI to a State court.

E. Right to Receive an Accounting of Disclosures. You may ask for an accounting of certain disclosures of your PHI. These disclosures must have occurred before the time of your request, and we will not go back more than six (6) years before the date of your request. This right does not apply to disclosures for purposes of treatment, payment, or health care operations, or for information we disclosed after we received a valid authorization from you, or disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Send your written request for an accounting to the Privacy Officer.

F. Right to Receive a Paper Copy of this Notice and Changes in the Notice. If you ask, you may obtain a paper copy of this Notice. ADP may change this notice and make the new notice effective for your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute to you within 60 days of the change to our practices. To assist in maintaining confidentiality of your records, and because ADP does not maintain a record of your address or e-mail, ADP will not mail notice of the change to you. Notice will be given to you by posting the revised Notice on ADP's website at least 60 days before the change is implemented. You may check ADP's website: <http://www.adp.ca.gov/>. Also, you may request an unsigned copy of this notice anytime by contacting the Privacy Officer at the address or phone number at the end of this notice. You must sign and receive a copy of this notice at the time of enrollment in an ADP program.

G. For Further Information and Complaints. If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer at the address below. You may also file written complaints with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. When you ask, the Privacy Officer will provide you with the correct address for the OCR. We will not take any action against you if you file a complaint with us or with the OCR.

H. Right to Revoke Your Written Permission (Authorization). You may change your mind about your authorization or any written permission regarding your PHI by giving or sending a written "revocation statement" to the Privacy Officer at the address below. The revocation will not apply to the extent that we have already taken action where we relied on your permission.

Notice of Any Breach

ADP has physical, administrative and technical safeguards to protect your data. However, if a breach in that security occurs ADP will notify you if your PHI is breached. To assist in maintaining confidentiality of your records, and because ADP does not maintain a record of your address or e-mail, ADP will use "Substitute Notice" as provided for in Civil Code section 1798.29(g). Notice of the breach will be conspicuously posted on ADP website at: <http://www.adp.ca.gov/>. In addition, ADP will notify major statewide media of the breach. When you see these notices you may contact the Privacy Officer to determine if information about you was included in the breach. You will be required to submit your request in writing with adequate information to confirm your identity.

Effective Date and Contact

This Notice is effective on October 1, 2007.

You may contact the Privacy Officer at the address and telephone number listed below for further information about the complaint process or any of the information contained in this notice.

California Department of Alcohol and Drug Programs
Privacy Officer
1700 K Street
Sacramento CA 95811
(916) 323-1865
privacyofficer@adp.ca.gov